



Columbus Civil Service Commission  
50 West Gay Street, Room 600  
Columbus, Ohio 43215

## Application Clarification

Your application has been rejected because either the duties typically associated with one or more position titles you listed on your application may not fulfill the experience requirement for the job for which you are applying, or there was missing information that is necessary to determine your eligibility to take this exam. In the space below, please provide the information requested. When clarifying job duties, be sure that the clarification you provide gives specific information about tasks that you performed as they relate to the minimum qualifications of the job class(es) for which you applied. This form may **NOT** be used to add additional jobs to your application. It may **NOT** be used to change the dates of employment. **If the clarification that you provide is approved, you will be issued an approval notice to take the examination.**

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**This form can be returned BY MAIL OR IN PERSON at 50 W. Gay Street, Room 600, but must be received by the Commission by:** \_\_\_\_\_

**Failure to return this form by this date will result in final rejection of your application.**

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Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Examination Title: \_\_\_\_\_

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Job Title Being Clarified: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ # Of Hours Worked Per Week: \_\_\_\_\_

Job Duty Information: \_\_\_\_\_

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Job Title Being Clarified: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ # Of Hours Worked Per Week: \_\_\_\_\_

Job Duty Information: \_\_\_\_\_

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Degree Major (subject area): \_\_\_\_\_

License Information Being Clarified:

Type \_\_\_\_\_ State: \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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I certify that all of the additional information furnished above in conjunction with my employment application is true and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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